

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

Michael J. Clauso

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

African American Rookie Corr. Off. / Midstate Corr. Fac. Driver  
Caucasian Senior Off. / Midstate Corr. Fac.  
Sgt. Clemens Garden State Youth Corr. Fac. / Receiving officer  
Mr. Myd (Russian) - Mid - / first to treat plaintiff.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Michael J. Clauso

880 700-B

Northern State Prison

P.O. Box 2300

Newark, N.J. 07114

org

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name African American Rookie Driver  
 Street Address Midstate Corr. Fac.  
 County, City PO Box 866  
 State & Zip Code Wrightstown, N.J. 08562

Defendant No. 2

Name Caucasian Senior Off. partner  
 Street Address Midstate Corr. Fac.  
 County, City PO Box 866  
 State & Zip Code Wrightstown, N.J. 08562

Defendant No. 3

Name Sgt. Clemens / Receiving Officer  
 Street Address Garden State Youth Corr. Fac.  
 County, City \_\_\_\_\_  
 State & Zip Code Lyndville, N.J.

Defendant No. 4

Name Dr. Mya/Mia (Russian)  
 Street Address Garden State Youth Corr. Fac.  
 County, City \_\_\_\_\_  
 State & Zip Code Lyndville, N.J.

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐

Federal Questions

☐

Diversity of Citizenship

☐

U.S. Government Plaintiff

☐

U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? IN the back of  
N.J. N.O.C., Transport Van, (Dog Cage) they were referred to.  
(New Jersey Department of Corrections).

B. What date and approximate time did the events giving rise to your claim(s) occur? Monday  
August 6<sup>th</sup> 2018 @ 16:45 (4:45) PM, Another Motorist  
Called 911 @ App. this time, complaining of this driver.

C. Facts: I was an inmate being transported in the

back of a N.J. N.O.C. vehicle, handcuffed with  
black box (restraints hand movement) chained around the  
wrist/with leg shackled. Benjis are side seating  
like tubes, like width is like 20", length is like 7'. At this  
point your helpless. And these Officers put our lives  
at risk constantly. This African American Driver,  
who was a rookie, was driving wrecklessly at the  
direction of the Caucasian senior officer, during  
rush hour traffic. This is a very heavy traffic  
Area at this time of Day, you have the U.S. Army,  
Navy, 3 Air Force Bases here in that Area. So coming  
Around a bend into like a little hill, he's got to  
slam on the breaks. I fell over hit my head on  
the edge of a plexiglass partition, when I hit the  
ground of the dirty Van my head & neck was at a  
very Awkward Angle, I felt a sharp pain in  
the Area of my spine/shoulder blade. Sgt. Clemens  
refused to take me to St. Francis, I bled from the  
wound in/on my head for like 16 hrs.

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

## IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I had staples put in my head, X-rays (X2 views), More X-rays (X4 views), pain management medication for nerves, Physical Therapy, 12 sessions or so, MRI upper & lower, Steroid injection, last is a high risk surgery that might not work, or leave me paralyzed. Dr. Malio advised me against it. It's been about 5 months since I seen a Dr. About this.

## V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Plaintiff seeks \$500,000.00, (five hundred thousand dollars), for physical pain, improper driving from the officer, inadequate medical care, if they would of gotten me medical treatment faster I might be better off now. I have a constant sharp pain everytime I move my arm the wrong way, which I will have the rest of my life unless I risk having this questionable surgery done. That I was already advised against. And the Department of Corrections should be held accountable, just like everyone else. Further more I have no education I work ~~man~~ Manual labor, I have a 5- with a 2 year stip for .020 = 12 bags of heroin, I didn't come to prison to be married by the police named



Additional pg to #5, for Question #5

Some Inquiry's & Grievances, not all, all unanswered

11-22-19	19051592-Adm.	Family Visit
11-18-19	19050398-Med.	Shout care since accident
8-13-19	19034770-Adm.	Asking about unanswered correspondence's
8-13-19	19034765-Med.	
6-6-19	19024485-Adm.	About the Cop Threatening me
6-3-19	19023863-S.I.D.	About the Cop ↑
6-1-19	19023499-S.I.D.	About the Cop ↑
8	19038975-S.I.D.	About the Cop ↑
5-31-19	19023497-C/Ass	
5-30-19	19023412-Cent. Off.	About the Cop
5-26-19	19022746-Admin	About the Cop
4-30-19	19018895 Admin	About Quran being destroyed
4-30-19	19018896 Admin	About
8-24-19	19036710 Admin/Business Off.	Legal Mail
8-25-19	19036827 Med.	Treatment Care
5-25-19	8	Clarify the issue up about C/O McGee, it disappeared There are numerous others, since being transferred here, Fri. Aug 10 <sup>th</sup> 2018, to many for me to keep track of. About the cops, Medical care since being transferred here & the accident

S.I.D. = Special Investigative Division (I.A.)

Admin. = Administration

Med. = Medical

Cent. Off. = Central Administration Office's

Next of State Treasurer Elizabeth Maher Muoio,  
Some Half Dozen Times I wrote her, about  
the different Civil Rights Violations.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of June, 2020.

Michael J. Clauso  
880 700-13  
Northern State Prison  
PO Box 2300  
Newark, N.J.  
07114

Signature of Plaintiff Michael J. Clauso  
Mailing Address 104 Linden Lane  
Rio Grande, N.J.  
08242  
Telephone Number 609-741-7114  
Fax Number (if you have one) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: Michael J. Clauso